

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

11663

E63-045248

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 12 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

admission)

c. CITY

OR

TOWN

St. Louis

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Homer G. Phillips

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

4371 Penrose

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

Harold

Herman

Bowers Jr.

4. DATE

OF

DEATH

Month

Day

Year

11/25/63

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒Never Married ☐Widowed ☐

8. DATE OF BIRTH

1/25/27

9. AGE (last birthday)

36 yrs.

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

Grocery

11. BIRTHPLACE (City and state or country)

Columbus, Ohio

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Harold H. Bowers, Sr.

13b. MOTHER'S MAIDEN NAME

Alice Moss

14. NAME OF HUSBAND OR WIFE

Mary Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes 4/7/44 - 2/23/46

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mary Bowers, 4371 Penrose

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac arrest: (Cause undetermined)

INTERVAL BETWEEN

ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

433.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour, Day, Year

20d. INJURY OCCURRED*
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

433.0

to

and last saw him

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

11-26-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

11/29/63

23c. NAME OF CEMETERY OR CREMATORY

Father Dickson Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

W. J. Baker & Son, 3201 N. Newstead Ave.

25. DATE RECD. BY LOCAL REG.

NOV 26 1963

REGISTRAR'S SIGNATURE

Road Smith. M.D.

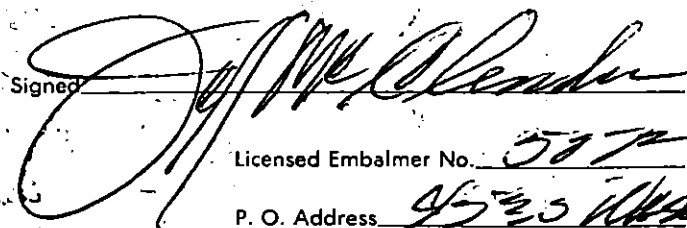
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed


Licensed Embalmer No. 5872
P. O. Address 4535 W. 1st St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.